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VIA FACSIMILE NO. (703) 872-9318

PATENT  
DON01 P-1144

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Ricky D. Shafer  
Group : 2872  
Confirm No. : 9329  
Applicant : Peter J. Whitehead  
Serial No. : 10/790,309  
Filed : March 1, 2004  
For : MEMORY MIRROR SYSTEM FOR VEHICLE

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Dear Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION

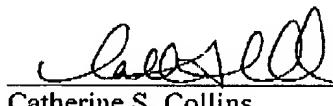
I certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

Claims as Amended Form (in duplicate); and

Amendment/Election.

YOU SHOULD RECEIVE A TOTAL OF 16 PAGES  
INCLUDING THIS TRANSMITTAL.

Dated: September 27, 2004.

  
\_\_\_\_\_  
Catherine S. Collins  
Van Dyke, Gardner, Linn & Burkhart, LLP  
P.O. Box 888695  
Grand Rapids, MI 49588-8695  
(616) 975-5500

CSC:lmsc  
Enclosures

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 Alexandria VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above identified application.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate Add'l Fee
Total Claims	* 60	Minus	** 47	= 13	x \$9	\$ .00	x \$18 \$234.00
Independent Claims	* 6	Minus	*** 5	= 1	x \$43	\$ .00	x \$86 \$86.00
First Presentation of Multiple Dependent Claims				\$145	\$ .00	x \$290	\$ .00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$ .00		\$320.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

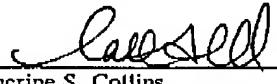
\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. — No additional Fee is required.
2. — A check in the amount of \$ \_\_\_\_\_ is attached.
3.  Please charge the amount of \$320.00 and any additional fees or credit overpayment to Deposit Account No. 22-0190. A duplicate copy of this sheet is attached.

By: VAN DYKE, GARDNER, LINN &amp; BURKHART, LLP

Date: September 27, 2004
  
 Catherine S. Collins  
 Registration No. 37 599  
 P.O. Box 888695  
 Grand Rapids, MI 49588-8695  
 (616) 975-5500

CSC:imsc

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First Presentation of Multiple Dependent Claims					\$145	\$ .00	x \$290
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ .00		\$320.00

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

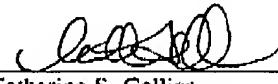
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